

Mobile Crisis Management (MH/DD/SA) Endorsement Check Sheet Instructions

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the provider endorsement or DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for conditional and full endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

Provider Requirements

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

a (1). Conditional: New Providers; Review identified documents for evidence that provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)

Full: If the provider organization has met these criteria during the review for conditional endorsement, this information does not need to be reviewed again. However, you must verify that there has been no change in the organization's business status and no change within the organization that might effect its operation.

a. (2). Conditional: New Providers; policy and procedure manual should contain language indicating intent to have national accreditation within three years of their enrolment with DMA. Providers currently billing for Community Support, the DMA enrollment documentation should be reviewed to verify the provider's date of enrollment with DMA.

Full: Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of three years, a certification of

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national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

a (3). Conditional and Full: Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality **or** the office of the NC Secretary of State, that the information registered with the local municipality **or** the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.) If the provider organization has met these criteria during the review for conditional endorsement, this information does not need to be reviewed again. However, you must verify that there has been no change in the organization's business status and no change within the organization that might effect its operation.

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

a (1) Conditional and Full: Review employment application, resume, license, certification, or other documentation for evidence of degree and work experience with the target population the provider will serve. In some cases, reviewer may need to verify the source of the degree to ensure that it is a credible and valid degree. Review employee training plans or other documentation demonstrating training has been scheduled and/or received according to core rules, consistent with the role of the level of the staff providing mobile crisis intervention. Ensure that each employee is trained to fully understand and implement the designated level of crisis intervention (community setting, school, primary care office, emergency department, etc.). Policy should reflect a team collaborative approach to the provision of services with team composition clearly identified to meet the service definition criteria. A policy should be evident for the supervision of paraprofessional staff (when used) by a supervising professional.

a (2) Conditional and Full: One of the team members must be clearly identified as a substance abuse professional with a CCAS, CCS or CSAC.

a (3) Conditional and Full: Policy should reflect the access to a psychiatrist through phone, telepsychiatry, or face-to-face to the crisis staff 24/7/365.

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b. (1) Conditional and Full: Policy should reflect the access to a psychiatrist through phone, telepsychiatry, or face-to-face to the crisis staff 24/7/365. Review employment records or contacts, MOAs to ensure that there is sufficient psychiatric availability to MCM Team.

b. (2, 3, 4 and 5) Conditional and Full: Review policy to ensure that if a paraprofessional is providing the service a QP must be available to him/her at all times for consultation as necessary. Review employment records to ensure that paraprofessional has required competencies for MCM.

c.(1) Conditional: New Providers; Review program descriptions and job descriptions their intent to have all newly hired staff trained within 90 days of hire and that the staff hired will have a minimal of 1 year experience working in the provision of crisis management services. Review the training plan to ensure that all Mobile Crisis Management staff will have specific training scheduled within 90 days of a staff member's employment. Review employment applications to verify that staff have required amount (1 year minimum) of appropriate emergency services experience.

Full: In addition to the above, review personnel files, supervision plans and training documentation, such as, training certificates demonstrating that all employees for the provider have had the required 20 hrs of training in crisis intervention strategies within the first 90 days of employment.

d (1) Conditional and Full: Review employment application, resume, license, certification, or other documentation for evidence of degree and work experience with the target population the provider will serve. In some cases, reviewer may need to verify the source of the degree to ensure that it is a credible and valid degree.

Service Type/Setting

The elements in this section pertain to the provider's having an understanding of the Mobile Crisis Management and the service delivery system.

a. (1) Conditional: New Providers; MCM policy must reflect a call plan that has providers accessible at all times. The range of available staff for service or consultation must be consistent with the descriptions in Staffing Requirements above.

Full: In addition to the above, records should reflect experiences that demonstrate a timely response (immediate by phone and face to face within two hours) to emergent situations.

a. (2) Conditional: New Providers; MCM policy should reflect the potential for MCM to serve as a primary intervention for new consumers who may be seen at home, at school, in other community settings, or with law enforcement as appropriate. Policies and procedures should also reflect MCM as a secondary level of service for consumers with a clinical home. MCM Team may be dispatched to provide intervention when the clinical home first responder has exhausted its alternatives in its crisis response.

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Full: In addition to the above, records should reflect the timely provision of MCM in support of providers, and at times as a primary provider (for consumers new to the system) of crisis services in community settings. One of these experiences (not necessarily both) must be present for full endorsement. Service notes should reflect that if consumer is a direct referral to MCM, the team has responded as necessary to the crisis and has made reasonable attempts to identify and involve the clinical home or first responder during the mobile crisis response..

b. (1) Conditional: New Providers; Policy should reflect the ability to provide services safely in multiple community and emergency department settings. Elements of safety determination should be evident in policy.

Full: In addition to the above, records should reflect safe interventions in varied sites of service and community. These can include schools, primary care physician offices, homes, emergency departments, DSS offices, etc.

b. (2) Conditional and Full: MCM is viewed primarily as a face to face intervention, although not exclusively. It is evident that the time on specific cases may vary, thus the expectation of 80% is an aggregate for the program, and not a specific case. Face to face time includes time with law enforcement, family, other providers involved, etc. It is not merely related to face to face time directly with the consumer.

b. (3) Conditional: New Providers; MCM policy must reflect the process of determining the location in which MCM intervention should be provided. This should take into account safe engagement of the consumer in the least restrictive and most natural community setting.

Full: In addition to the above, a review of the records of services provided should reflect MCM service assessed to be safe and appropriate with services subsequently provided in a variety of community settings (not solely the hospital ED).

b (4) Conditional: New Providers; MCM policy should reflect the options for disposition available to the team in a region to include appointments for follow-up, inpatient admission, detox capability, etc. The awareness of these options for necessary disposition should be reflected in the assessment procedure.

Full: In addition to the above, records should reflect the thoughtful disposition of cases in a safe and timely fashion. In instances where there is not an appropriate resource available, the best safe alternative should be located and documented. Lack of a specific resource in a region should be noted and reported to the LME. Documentation should reflect that appropriate referrals are made as are arrangements for services.

b. (5) Conditional: New Providers; Policy should reflect the ability to provide services safely in multiple community and emergency department settings. Elements of safety determination should be evident in policy.

Full: In addition to the above, records should reflect safe interventions in varied sites of service and community. These can include schools, primary care physician offices, homes, emergency departments, DSS offices, etc.

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Program Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs in regard to the frequency, intensity and type of therapeutic interventions. Interventions should reflect clinically recognized models of crisis interventions for the appropriate age and disability of the consumer.

a. Conditional: New Providers; MCM policy should reflect the capability of immediate phone response and assessment to determine the appropriate face to face intervention necessary to be provided in the least restrictive, community based setting when possible.

Full: In addition to the above, records should reflect the ability to immediately accept calls for the emergency phone response and assessment. Records should reflect the process of triage and assessment to determine the level and place of intervention needed for each consumer. Interventions and thought processes to develop those interventions should be described as part of the assessment. Notes should reflect consultation with psychiatrist or other professional as appropriate to situation and circumstances.

b. Conditional: New Providers; MCM policy must reflect a call plan that has providers accessible at all times. The range of available staff for service or consultation must be consistent with the descriptions in Staffing Requirements above.

Full: In addition to the above, records should reflect experiences that demonstrate a timely response (immediate by phone and face to face within two hours) to emergent situations.

c. Conditional: New Providers; MCM policy must reflect the process of determining the location in which MCM intervention should be provided. This should take into account safe engagement of the consumer in the least restrictive and most natural community setting.

Full: In addition to the above, a review of the records of services provided should reflect MCM service was assessed to be safe and appropriate with services subsequently provided in varied community settings.

d. Conditional: New Providers; MCM policy reflects the composition of the team as described in Staffing Requirements. The ability to access consultative services for DD consumers should be noted in policy. Required availability of a psychiatrist via phone, telepsychiatry, or face to face should be described as part of the team process in the assessment guidelines.

Full: In addition to the above, a review of the MCM records reflects consultations when necessary involving appropriately experienced staff (SA, MH, DD) as part of the assessment process. Issues involving medications and complex presentations demonstrate access to psychiatrists for additional intervention.

e. Conditional: New Providers; MCM policy describes the need for one or more staff members to be involved on a mobile team intervention. Policy should reflect this decision

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process of determining the safety/need of one or more staff to deploy on an emergency call.

Full: In addition to the above, a review of the records reflects the implementation of this process to safely deploy one or more staff on an emergency call.

f. (1 and 2) Conditional: New Providers; MCM policy must reflect the process the team should follow to development the crisis plan (required as part of the PCP process) at the conclusion of each MCM event. The policy should reflect the dissemination of this plan to consumers, and with consent to other providers, first responders, and family as appropriate.

Full: In addition to the above, a review of the record reflects the presence of the crisis plan from the PCP included in the record at the conclusion of the MCM event. This plan reflects the disposition, future contacts, interventions to avoid additional crisis events, etc.

f. (3) Conditional: New Providers; MCM policy should reflect efforts to obtain the existing crisis plan for consumers currently in the MH/DD/SAS system. Existing crisis plans may have specific guidance as to the desired response or advance directive a consumer may have indicated as the most effective intervention during a crisis. A policy should be in place to reflect a review of the PCP crisis plan for additional updates or interventions learned from the current crisis.

Full: In addition to the above, a review of the record reflects the efforts to identify the presence of the PCP Crisis plan for existing consumers. If the crisis plan is identified, the record should reflect a review the plan and its application to the current crisis situation. A record review should indicate a review process at the conclusion of the crisis event to include update information and “lessons learned” from the current crisis experience. Documentation should reflect consultation with providers, clinical homes and first responders for consumers who have no or inadequate PCP crisis plans, as well as for those consumers whose PCP plan could be improved with revisions.

Documentation Requirements

All contacts for Mobile Crisis Management must be documented - a daily service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Service Records Manual.

a. Conditional: New Providers; MCM policy must reflect the need for a service note for staff intervention for both phone intervention and face to face time that includes time spent in the intervention/activity, the outcome of the intervention, and appropriate signatures for person providing the service.

Full: In addition to the above, a review of the records reflects the interventions and outcomes of both phone involvement and face to face involvement with the consumer and others involved in the crisis response (law enforcement, family, physician, teacher, etc). Documentation should reflect that appropriate referrals are made as are

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arrangements for services. Notes should reflect consultation with psychiatrist or other professional as appropriate to situation and circumstances. Documentation should include an account of all persons contacted. The note is complete with appropriate signatures.